

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9/2/03.

I. DISPUTE

Whether there should be reimbursement for psychiatric diagnostic interview - 90801, psychiatric evaluation of medical records - 90825, report preparation - 90889 performed on 12/6/02.

II. RATIONALE

Explanation of Benefits (EOBs) were not furnished by the requestor or the respondent.

Commission Rule 133.304 (c), states, "At the time an insurance carrier makes payment or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties. The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's actions..."

Per Commission Rule 133.307 (e)(2)(A-B), "

2) Each copy of the request shall be legible, include only a single copy of each document, and shall include...

(B) a copy of each explanation of benefits (EOB) or response to the refund request relevant to the fee dispute or, if no EOB was received, convincing evidence of carrier receipt of the provider request for an EOB;

The documentation submitted by the requestor included only a copy of the mailing receipt for the respondent. It shows mailing but not delivery of service. The green card, signed by a carrier representative is necessary to verify delivery of service. On this basis the requestor did not submit "convincing evidence of carrier receipt of the provider request for an EOB..."

The requestor failed to follow Rule 133.307 (e)(2)(B) regarding proper submission of documentation on a medical dispute. On this basis, reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for 90801, 90825, and 90889.

The above Findings and Decision is hereby issued this 9th day of January 2004.

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Medical Review Division

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